FILING DATE SERIAL NO. MULTIPLE DEPENDENT CLAIM APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER
1st AMENDMENT 2nd AMENDMENT AS FILED DEP. IND IND. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>15</u> **J**6 2000 123 255 <u> 38</u> 40 1.6 8. (AL TOJAL (AL TOTAL DEP. PEXIM. MAY BE LED FOR ADDITIONAL CLAIMS OR AMENDMENTS MA DEPARTMENT OF COMMERCE